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Recommendation for funding from other resources without a recommendation for funding from regular resources**

Multi-country initiative on HIV/AIDS for eight countries of Central America and the Caribbean and the Eastern Caribbean

Summary

The present document contains a recommendation for funding from other resources for which no recommendation for funding from regular resources is requested for a multi-country initiative on HIV/AIDS for eight countries of Central America and the Caribbean, and the Eastern Caribbean. The programme proposal submitted here is aimed at expanding the UNICEF response to HIV/AIDS in those countries. The Executive Director *recommends* that the Executive Board approve funding from other resources in the amount of $15,805,000, subject to the availability of specific-purpose contributions, for the period 2002 to 2006.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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The situation of children and women

1. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), at the end of 2000, the Americas and Caribbean region represented 4.9 per cent (1.7 million) of the reported cases of AIDS in the world, with more than 80,000 deaths. In 1999, some 570 new HIV infections were occurring daily, and of those, about one third were among children and youth. Among the worst affected countries are eight in Central America and the Caribbean (Belize, the Dominican Republic, El Salvador, Guyana, Haiti, Honduras, Jamaica and Nicaragua), and the Eastern Caribbean islands (Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands). An estimated 441,700 people are living with HIV/AIDS in these countries, of whom about 14,500 are children and over 67,000 are orphans. Nearly all the cases in children are due to mother-to-child transmission (MTCT). Adult prevalences range from 0.2 per cent (Nicaragua) to over 7 per cent (Haiti). The ratio of male:female cases is equalizing, and in some countries, AIDS is becoming the leading cause of death in young women. While infection rates are generally lower in rural than urban areas, HIV appears to be present throughout the countries.

2. As a subregion, the Caribbean is the second most affected area in the world after sub-Saharan Africa, with a prevalence of 2.3 per cent in December 1999. Guyana and Haiti have generalized epidemics, while other countries tend to have high prevalences in specific groups. In Central America, the epidemic is growing rapidly. Belize and Honduras have the highest rates of increase, and in absolute terms, Honduras has the highest number of cases in the subregion.

3. The preparation of the present multi-country initiative was preceded by a situation analysis of the manifestations of the HIV/AIDS epidemic in the region and its causes in order to plan UNICEF interventions on solid and realistic information. The findings show that the fulfilment of the rights of children and women at various points in the life cycle is being compromised by HIV/AIDS. Infants are being born HIV-infected or become infected in early infancy because their mothers do not have information about and access to services to prevent HIV or subsequently MTCT, or cannot make use of the knowledge because of the resistance of their partners to practise safer sex. Children are orphaned, deprived of adequate parental care, or have insufficient access to education and health services because parents may have died, be ill or be suffering from the general economic impact of AIDS. In the absence of caring family members, children may suffer from sexual exploitation or abuse. Even in intact families, youth and adolescents may have inadequate information to protect themselves from HIV because cultural norms mean that parents give little guidance in sexual health matters. Young women are more vulnerable because of "machismo" and the general level of violence in society, particularly against women, and inequality in economic, social and cultural power. Poverty drives some young women into commercial sex work. Displacement of population groups by economic factors, natural disasters and conflicts make the situation worse. The conspiracy of silence that reinforces stigma and discrimination continues, aided by a lack of political will to break it.

4. In nearly all of these countries, institutions have been set up to respond to the epidemic, and national strategic plans exist. However, national responses with an intersectoral focus are not yet consolidated. The Dominican Republic, Honduras and

Jamaica have made major advances, while Guyana and Haiti have experienced difficulties in confronting the situation. In all the countries, existing interventions do not correspond with the magnitude and pace of the problem. While information, education and communication (IEC) activities exist, they have yet to be fully developed. Life skills education (designed to prepare adolescents to deal with the health, vocational and personal relationship issues they will face as they mature) through the formal education systems have begun, but interventions such as peer education to out-of-school youth are still limited. In most cases, confidential and voluntary counselling and testing (VCT) services are just being initiated. The least developed areas are care and support for HIV-infected and affected children and their families. Only a few countries have developed programmes for the prevention of MTCT, and these are mostly in an initial phase.

Past programme cooperation

5. Until now, the participation of the regional and specific country offices in mitigating the effects of HIV/AIDS has been limited but growing, and will be fully reflected in the many countries developing programmes in this area. At the regional level, a multi-country initiative on communication funded by UNAIDS facilitated advocacy and social mobilization activities, including Artists Against AIDS in Jamaica; Voices of Children in Latin America and the Ibero-American survey, including a specific thematic study on the right to information on HIV/AIDS; and coordination with Scouts to involve youth leaders in HIV/AIDS prevention.

6. Within countries, UNICEF participates with United Nations agencies and other partners in the UNAIDS theme groups on HIV/AIDS, often taking the role of chair. Also with other agencies, it has been active in the development of HIV/AIDS national strategic plans and has supported the celebration of annual World AIDS Days. Specific activities have included: a project on developing an education strategy for young people, and financing training and social mobilization activities in El Salvador; support to non-governmental organizations (NGOs) in education and social mobilization activities and the functioning of the National AIDS Commission in Belize; the financing of sex education in schools, training of health workers and IEC activities related to MTCT in Guyana; the strengthening the technical capacity of the national AIDS programme, the mobilization of a national Caravan of Artists against AIDS, operations research, and financing NGOs in prevention and support to people living with HIV/AIDS in Haiti; a peer education strategy in schools and the production of sex education manuals for schools in Honduras; assistance for prevention and training in the Dominican Republic; and coordination of the Caribbean Community (CARICOM) Health and Family Life Education programme. In addition, UNICEF Honduras has taken responsibility for supporting the Latin American UNAIDS pilot project for the prevention of MTCT, and offices have supported similar projects in the Dominican Republic, Haiti and Jamaica. All of these activities have involved other partners, such as CARICOM, the Caribbean Epidemiology Centre (CAREC), UNAIDS and the Pan American Health Organization (PAHO). In most cases, UNICEF funding has been small, but has helped to catalyse action and programme design, and bring in relevant expertise.

Lessons learned from past cooperation

7. From these experiences, several lessons have been learned. IEC and mobilization activities have raised awareness about HIV/AIDS in the general population and among adolescents. However, much more can be done to focus that awareness to produce behavioural change. Preliminary assessments of peer education projects indicate that they have had a favourable impact, and life skills projects are generally seen as being very useful in helping adolescents to make positive life choices. However, to date, these types of interventions have reached limited numbers of the population. MTCT projects have opened up possibilities for providing follow-up care and support to HIV-positive women and their children, and have started a dialogue among policy makers on what that support should be. They have also facilitated discussion in communities around the issues of stigmatization and discrimination. Activities around AIDS in children and youth have raised awareness on what appropriate policies should be, for example, on orphans and support to families affected by HIV/AIDS.

8. Except in the multi-country initiative on communication, many of the country-level activities have been developed independently, with little opportunity to date to draw on experiences from other countries in the region (e.g. Brazil) or from countries in sub-Saharan Africa, Asia or Eastern Europe. The lessons learned in this region support the assumption that experiences from elsewhere would be relevant. UNICEF regional and country offices have yet to address cross-border problems, such as the possibility of transmission along truck routes, which has been seen to be important in the determination of HIV rates in Africa. At the same time, cooperation with other partners at different levels has been productive and needs to be expanded in order to better access expertise and refine and expand positive activities.

9. Actions at the country level have been somewhat limited because of a slow awakening to the magnitude of the problem in Central America and the Caribbean, and limited data on which to base action. As the situation has been clarified, the level of available UNICEF funding has become a major factor in determining country offices' responses to the epidemic. Offices have been cautious in not creating expectations vis-à-vis Governments that cannot be met without an increased allocation of resources.

Justification

10. As described above, the HIV/AIDS situation in the region is becoming a serious threat to the survival and development of children and adolescents. Failure to stop the spread of the disease will be devastating in and of itself, and will also hinder the attainment of sectoral objectives in health, nutrition, education and protection. UNICEF offices, in collaboration with government partners in the most-affected countries, are now prepared to focus on ways to become more actively involved in prevention, care and support. The plans are in line with the organizational priorities presented in the UNICEF medium-term strategic plan. Over the next five years, the countries will need a great deal of assistance to achieve their objectives.

11. This multi-country programme was prepared in the recognition that while individual country offices, in consultation with local partners, must determine the

specific strategies and activities appropriate to their situation, there is value added to having the regional office provide support in certain areas and to have a mechanism to accelerate inter-country planning. These areas include those where common problem areas can be addressed not individually, but collectively, for the sake of cost-efficiency and effectiveness, or where countries could implement more quickly and draw on broader expertise if regional models and support were available.

Recommended programme cooperation, 2002-2006

	Estimated annual expenditure (In thousands of United States dollars)					
	2002	*2003*	*2004*	*2005*	*2006*	*Total*
Other resources						
Belize	160	160	160	160	140	780
Dominican Republic	160	160	160	160	160	800
El Salvador	195	195	195	195	195	975
Guyana	200	200	200	200	200	1 000
Haiti	550	550	550	550	550	2 750
Honduras	250	250	250	250	250	1 250
Jamaica	400	400	400	400	400	2 000
Nicaragua	250	250	350	350	300	1 500
Eastern Caribbean	350	350	350	350	350	1 750
Subtotal, Country support	**2 515**	**2 515**	**2 615**	**2 615**	**2 545**	**12 805**
Regional component	550	650	650	550	600	3 000
Total	**3 065**	**3 165**	**3 265**	**3 165**	**3 145**	**15 805**

Programme preparation process

12. The definition of the respective roles of country and regional offices and the endorsement of a multi-country initiative rather than of purely country-level programmes emerged during the preparation process involving these offices. The process aimed at optimizing the consideration of human rights issues. Concerned offices participated in a planning workshop to ensure that they developed a common understanding, basic skills and a standardized outline for HIV/AIDS funding proposals. Most countries briefed national counterparts, and shared the results with theme groups. A UNICEF task force, chaired by a country office representative, oversaw elaboration of the multi-country initiative, in coordination with the regional office. Regional partners have been kept informed of its development.

Programme goals and objectives

13. The overall objective of this initiative is to enhance prevention efforts and reduce the impact of HIV/AIDS on children, adolescents and women in the countries covered by this proposal. Specifically, at the end of the next five years, it aims to:

ensure that at least 75 per cent of adolescents have basic knowledge for HIV/AIDS prevention; reduce the incidence of new infections in young people by 15 per cent; expand the availability of services to prevent MTCT to 50 per cent of pregnant women; and make available an appropriate level of care and support to children affected by HIV/AIDS in the areas of programme activities. These objectives are consistent with those set out in the UNICEF medium-term strategic plan and other relevant global documents, as well as those based on the countries' plans. Due to weaknesses in baseline information, they will be reviewed and possibly refined in the first year of the initiative. Country-specific objectives are set out below. Some countries have already agreed on numeric targets not detailed in the present document; they will be reviewed when activities commence.

Programme strategy

14. The proposed intervention has two components, both of which are critical for success: country proposals discussed with and endorsed by national counterparts; and a regional component aimed at enhancing country-level work. The overall strategy will be to strengthen capacity in country offices and among duty bearers at all levels to carry out HIV/AIDS-related activities; advocate and provide inputs for improved services; and establish policies, guidelines and participation for sustaining progress. The priority target populations are adolescents and youth, members of the generation in which prevention efforts aimed at behaviour change can have the most impact and be most effective. Other populations include orphans, infants vulnerable to MTCT and their mothers, and children in families affected by HIV/AIDS.

15. In seven of the countries included in this proposal, the planning for this initiative has taken place simultaneously with the development of the new country programmes for the period 2002-2006. The resources requested for the activities envisioned represent a significant increase of funds for HIV/AIDS for most country offices and, thus, have been taken into account in the programming process in terms of human resources and modifications in office structures to support them. HIV/AIDS has been integrated into intersectoral programmes in the process of this planning.

16. The country-level strategies to be used are based on common elements which have been adapted according to discussions with national authorities. The strategies include: strengthening the capacity of national AIDS programmes, NGOs, community-based organizations (CBOs), youth and family members to implement interventions to prevent HIV/AIDS; the training of health workers, peer counsellors, education personnel and others to provide youth-friendly services, counselling, improved care and support, and life skills education; advocacy and IEC aimed at policy makers, managers, communities and families; promoting the participation of youth in all aspects of planning that affect them; extending and concretizing alliances and partnerships; supporting the development of policies and guidelines related to the aspects of HIV important to children and women; and the selective provision of equipment and supplies relevant to providing services.

17. The purpose of the regional component is to enhance UNICEF capacity to support national programmes in response to the HIV/AIDS epidemic and, thus, achieve the overall objectives. The specific objectives include: ensuring technical excellence in all HIV/AIDS programming and implementation matters by country

offices; developing "model" guidelines and materials in communication, care and support and other relevant areas for adaptation by countries, as appropriate; establishing an electronic network for exchange of experiences; and providing a "hotline" on technical and newly-evolving issues. Regional strategies will involve strengthening capacity (including training) of UNICEF country offices as well as counterparts; ensuring that successful experiences and best practices are communicated rapidly within and between the specific countries, the region and other regions; coordinating activities between countries, especially where cross-border issues are involved; providing intensive technical support and assistance, especially in relatively new programme areas; supporting operational research and studies; and ensuring that activities are monitored, evaluated and disseminated to a broad audience. It will strengthen linkages and technical cooperation with international, bilateral and regional organizations involved in HIV/AIDS programming in the framework of the human rights approach. This initiative will be multidisciplinary, with the involvement of UNICEF regional advisers in health and nutrition, communication, education, child protection, monitoring and evaluation, as well as an additional adviser and national officer specifically for HIV/AIDS.

18. UNICEF will provide technical assistance as well as assistance in cash, equipment and supplies, according to activities identified in the project and specified in the annual plans developed with relevant government authorities and other partners. Governments and other partners will guarantee human resources, equipment and infrastructure through their participating organisms linked to the initiative, and will appoint technicians and officers who will act as responsible parties in its organization, administration and execution in the field.

Specific country components

A. Belize

19. The objective of Belize's efforts in the field of HIV/AIDS will be to assist the Government and communities to prevent infection among adolescents, especially young women; decrease MTCT; provide support to improve care, protection and access to basic social services for orphans; and break the conspiracy of silence. Strategies will include training, advocacy to increase political commitment, IEC and research. UNICEF will support building the capacity of the National AIDS Commission and regional governments to manage multisectoral activities for increasing effectiveness through training in project design and management, monitoring and evaluation. In selected districts, it will also strengthen the capacity of local duty bearers to implement HIV/AIDS programmes. It will support advocacy and IEC based on behaviour change approaches and VCT, and have a special activity for supporting young women in decision-making and leadership positions in this field. Partners will include UNAIDS, PAHO and the United States Agency for International Development (USAID).

B. Dominican Republic

20. The objectives of UNICEF Dominican Republic in this area include: to contribute to reducing MTCT by 50 per cent; to develop programmes of integrated

care for children infected and affected by HIV/AIDS in the zones with the highest incidence and prevalence; to decrease vulnerability in adolescents and young people; and to promote safe behaviour in sexually active adolescents and young people. Strategies include strengthening capacity and service delivery, and increasing access to youth services. UNICEF will help partners to make VCT available to pregnant women; provide nevirapine and infant feeding counselling and support to HIV-positive pregnant women and their children; develop a provincial network that offers support and follow-up to infected children and their family members; and establish an ongoing quality programme of education and integrated care, in the context of IEC activities aimed at adolescents and young people, and in coordination with relevant public and private institutions. Key partners will be UNAIDS, PAHO, the United Nations Population Fund (UNFPA), USAID, the Kellogg Foundation, Family Health International, German Technical Cooperation (GTZ) and the European Union.

C. El Salvador

21. UNICEF El Salvador will contribute to reducing the incidence of HIV/AIDS and improving the quality of life among children, adolescents, youth and pregnant women. Strategies include strengthening institutional response capabilities, involving relevant institutions and groups benefiting from the project; and sensitization for the reduction of stigma and discrimination. The programme will inform pregnant women about prevention and the consequences of MTCT, and provide appropriate preventive measures; increase the use of antenatal services; support the training of health staff on HIV/AIDS, and care and attention to infected and affected children; assist in a national sensitization and attitude change programme; promote the creation of self-help groups in health facilities for relatives of infected and affected children; develop and implement a communications strategy directed to out-of-school teens through strengthening and expanding existing adolescent networks; and support the training of education personnel and participants in "parenting schools" in catchment areas of public health facilities. UNICEF will work with the Ombudsperson's office, the Salvadoran Institute for the Protection of Minors and UNAIDS.

D. Guyana

22. The objectives of this initiative in Guyana are to prevent HIV infection in children and young people; and provide care and support for children, young people and families living with or made vulnerable by AIDS. It aims to reduce MTCT by 50 per cent in women participating in the programme; reduce infection rates in young persons by at least 25 per cent; increase access to services by 50 per cent for children and families living with HIV/AIDS in five regions; and ensure school enrolment and retention of orphans and children in HIV/AIDS-affected families. The main strategy will be to reinforce rights-based approaches in the prevention and care aspects of HIV/AIDS. UNICEF will work to achieve these objectives by assisting in the provision of effective treatment and care to HIV-infected women; ensuring the availability of VCT facilities; expanding IEC related to MTCT; helping NGOs establish support centres for HIV-positive women; establishing baseline data on access to information, care and support; increasing the access of adolescents and

youth to information, and establishing a resource centre; enhancing coverage of HIV/AIDS information in media and traditional communication channels; establishing youth-friendly services; increasing access to services for children and families; and establishing a system for systematic care and protection. Partners will include the United Nations Development Programme (UNDP), the United Nations Office for Drug Control and Crime Prevention (UNDCP), UNFPA, PAHO, CARICOM, CAREC, USAID, the Canadian International Development Agency, the European Union and the United States Centers for Disease Control and Prevention.

E. Haiti

23. The main objective of the UNICEF Haiti programme is to contribute to the national effort of reducing HIV infection rates among 15- to 24-year-olds by 25 per cent to help fulfil the right to life and development. The key strategies include advocacy, information and communication; participation; and capacity-building. Supported activities will ensure access to and the use of a minimum package of MTCT services for pregnant women; ensure access to and the use of health services for the prevention and control of sexually transmitted infections and HIV/AIDS among children, adolescents and young people; establish mechanisms for protection, counselling and psychosocial support for children affected or infected by HIV/AIDS; ensure the inclusion of HIV/AIDS prevention and psychosocial support to affected children in the programme of parental education; ensure the teaching of life skills adapted to the needs of children and adolescents in child-friendly schools and learning centres; provide appropriate information on HIV/AIDS to children, adolescents, young people and pregnant women; establish and ensure the regular updating of an HIV/AIDS database; and contribute to the process of consultation and action relating to the National Strategic Plan and to the implementation of a monitoring, evaluation and reporting plan. The wide range of partners includes PAHO, UNDP, UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP), UNAIDS and research institutes.

F. Honduras

24. The objectives of UNICEF Honduras are to contribute to: reducing the prevalence of HIV/AIDS in infants, children, adolescents and women of reproductive age in the municipalities with the highest prevalence; and reducing and mitigating the impact on children and adolescents infected or affected by HIV/AIDS, including orphans, in the same municipalities. The strategies include advocacy, communication and social mobilization; developing models and guidelines for service delivery; and capacity strengthening. Key activities to be supported include advocacy for the introduction of sexual education in the school curriculum; the preparation of training materials and the training of teachers, students and journalists; the development of an IEC strategy and materials; technical and logistical assistance for situation analysis, prevalence and impact studies; the training of health staff in the prevention of MTCT; the procurement and distribution of medical equipment and supplies; and support to VCT. Partners include the National Association of People Living with HIV/AIDS; PAHO; UNFPA; WFP; UNDP; UNAIDS; the World Bank; the International Development Bank; USAID;

Spanish, Swedish and German cooperation; the European Union; and Mitsubishi Corporation.

G. Jamaica

25. UNICEF Jamaica seeks to strengthen national capacities to prevent HIV infection and to care for those infected or affected by HIV/AIDS. Specific objectives are to: strengthen national capacities to increase the access of adolescents to information on HIV awareness and prevention, including the prevention of MTCT; and strengthen the capacities of families, communities and institutions to provide more effectively a caring and supportive environment for those affected by and living with HIV/AIDS. Strategies include developing an enabling policy environment, strengthening family and community capacities, and improving the quality of and access to service delivery. UNICEF-supported activities include: the training of national and parish AIDS committees in planning and coordination; carrying out operations research to define adolescent-friendly services; the training of key personnel in HIV awareness and communication; the development of materials; pilot activities around youth participation; evaluation of the existing MTCT programme and technical assistance to develop national guidelines and protocols; the provision of services and health supplies; IEC aimed at reducing stigma and discrimination; the development of policy and guidelines for management of children with HIV/AIDS; advocacy with policy makers for greater resources to strengthen service delivery; the training of health workers and caregivers; the development of appropriate responses to address the needs of orphans; strengthening the capacity of NGOs for community-level work; and monitoring and evaluation. Partners include PAHO, UNAIDS, USAID, UNICEF, UNESCO, UNDP, GTZ, the Government of the Netherlands, the University of the West Indies and the World Bank.

H. Nicaragua

26. The principle objectives in this initiative of UNICEF Nicaragua are to: support capacity-building among youth, health workers and municipal leaders; foster improved adolescent health and welfare; support life skills education for youth in selected municipalities; promote the participation of youth in needs identification and management of adolescent-friendly health services and welfare in their communities; promote IEC at the country level; promote better access of youth to adequate and appropriate health services at the community level; enhance social cohesion at the community level; and strengthen partnerships among all organizations and institutions working towards improved adolescent health and welfare. Strategies involve participation, capacity strengthening and improving service delivery. To achieve these objectives, UNICEF will support an inventory of all activities related to adolescent health; the development of a tool for assessing the adolescent health situation and participatory assessment; the development of a training package focused on improving of adolescent health services; the establishment of adolescent-friendly health services; the training youth facilitators and other key community members in life skills education; the establishment of participatory youth-managed schemes for adolescent health services; and

strengthening capacity for the management of participatory schemes at local health services and municipal levels. Partners include UNAIDS and UNFPA.

I. Eastern Caribbean

27. The main objective for UNICEF in the Caribbean is to contribute towards a 25 per cent reduction in HIV/AIDS transmission by empowering youth and pregnant women, and helping to promote their human rights. Strategies include: promoting a conducive environment for youth organization and participation; and protecting and promoting human rights. Specific objectives include: expanding and strengthening existing health and family life education activities with HIV/AIDS content in the curriculum; promoting the rights of young people to a healthy life, free of violence, abuse and inequities; empowering youth organizations and helping to strengthen their capacity to network and participate in the prevention of HIV/AIDS; increasing the availability and quality of information relating to HIV/AIDS; improving HIV-related counselling capacity and services of CBOs for youth; and strengthening the capacity of health staff to counsel HIV-positive mothers on infant feeding. Examples of activities to be assisted include: training teachers on life skills; curriculum reform to strengthen HIV/AIDS content; youth organization meetings, training and support to youth clubs; developing national youth policies; training media personnel; developing messages and producing communication materials; and training youth peer counsellors and counsellors on infant feeding. Partners include CARICOM, PAHO, UNDCP, UNDP and the University of the West Indies.

J. Regional component

28. In line with the objectives and strategies set out above, the region will carry out various activities to enhance the ability of country offices to implement quality programmes. One of the key areas will be communication, building on the lessons learned through the existing multi-country initiative on communication. A comprehensive HIV/AIDS communication strategy framework for the region that countries can adapt as appropriate will be developed. In addition to covering advocacy issues, this activity will involve the training of key personnel in community-based communication concepts and methodologies in order to improve the provision of accurate and timely motivational information which is culturally acceptable, while at the same time ensuring that community knowledge and good practices are tapped and fed back into communication activities. Such a strategy should create a supportive environment for behavioural change. It will involve working with a wide variety of institutions, and drawing on external expertise.

29. To facilitate capacity strengthening and exchange of experiences, two regional network and subregional meetings will be held each year on particular programme themes. Other partners, such as CAREC and PAHO, will be called on to lend their expertise at these events. A round-table discussion for key decision makers will be held in the first year. Funds are required for supplying expertise at these and other events, and for developing new methodologies from multiple country experiences. There will be a systematic classification and dissemination of the best programming practices through the development of a regional electronic network on HIV/AIDS. Considerable information is available and should be disseminated more widely, while not duplicating services provided by UNICEF headquarters or other agencies.

Where countries can be identified as having pioneered particularly good approaches in specific HIV/AIDS programme areas, exchange visits will be arranged in a systematic way.

30. Additional expertise from both within the region and elsewhere is required in the areas covered in this programme since the prevention of MTCT is a new field, with emerging knowledge, and opportunities for the care of children and family members infected by HIV are expanding. A "hotline" to a centre of excellence, such as a university or research institute, to support countries in new technical areas will be established. UNICEF will also support operations research, through grants to country offices and consultancy services, to develop models of service delivery, facilitate exchanges of information and experience on youth-friendly services, and provide technical expertise on the training of service providers.

31. Monitoring and evaluation plans described below will have a regional element in indicators development, database management and evaluation. There is also a role for a regional approach to the development of national policies and legislation to support effective programming through regional institutions and forums in conjunction with UNAIDS, UNFPA, PAHO and the World Bank. In support of the UNAIDS effort, UNICEF can help to influence national, regional and international policy, especially for children, adolescents and women.

Monitoring and evaluation

32. A database will be established at the regional level to identify and monitor the scope of activities related to HIV/AIDS being undertaken by countries and baseline values for the key indicators. The situation analysis carried out in the preparation of this multi-country initiative will provide the bulk of data required. UNAIDS guidelines for indicators will be adapted and utilized. Regional staff will participate in annual project reviews and specific evaluation activities, as appropriate.

33. At the country level, the project will be subject to annual monitoring in the context of the review process established between the Government and UNICEF, as well as to mid-term and final reviews. Donors will be invited to participate in these formal reviews as well as to monitor progress through field visits. Regular reports will be sent to donors on physical and financial implementation. The UNICEF programme team and its government and NGO counterparts will visit project sites on a regular basis. Specific surveys and studies will be conducted as needed.

34. Following guidelines from UNAIDS, each country has identified a set of indicators appropriate to its particular project. These indicators will be further refined and harmonized with regional efforts.

Collaboration with partners

35. UNICEF will work with a wide variety of partners globally, regionally and in countries in order to achieve the work described. At the regional level, coordination will be through existing linkages with the regional offices of PAHO, UNAIDS and others. At the country level, UNICEF coordinates its activities on HIV/AIDS with other United Nations agencies and the most important donors through UNAIDS as well as bilaterally. United Nations agencies usually have specific roles in HIV/AIDS

activities; for example, PAHO often supports the strengthening of the surveillance system and care for people living with HIV/AIDS. Key counterparts at the country level include relevant ministries; national institutes related to research and advocacy for children; professional associations; associations of people living with HIV/AIDS; local governments; human rights groups; international, national and local NGOs and CBOs; and the private sector. The initiatives described in the present proposal will be implemented by such counterparts, with relevant technical and administrative support from UNICEF. Through partnership- and alliance-building, UNICEF will advocate for the regular use of the rights-based approach to programming in HIV/AIDS in order to place the needs of children and families affected by the epidemic high on national and donor agendas. Improved coordination mechanisms should lead to a reduction of duplication, improved monitoring and evaluation, and maximized use of available resources. This programme will benefit from the regional partnerships forged through the development of this initiative, and the resultant sharing and collaboration that will be engendered. New partnerships will be sought continuously with other civil society partners as opportunities emerge.

Programme management

36. This initiative will be managed by a regional advisory committee comprised of the regional adviser and national officer for HIV/AIDS, the regional adviser on health and nutrition and other key advisers, and representatives from the countries. Its general duties will include monitoring the project; reviewing project design, planning and training; and ensuring quality control of donor reports. In the event of incomplete funding, the advisory committee will allocate available resources according to criteria to be established. The advisory committee will meet twice a year at regional management team meetings.

37. Implementation will take place at the country level, where project plans of action will be drafted and finalized, as per normal procedures, with the inputs of major partners, such as the National HIV/STD Control Programme and the United Nations theme group.